

Institutional Edit Requirements

Element Name: Enrollment Status (1-105) (Continued)

IF SOURCE OF HEALTH CARE DATA IS A FI

ENROLLMENT STATUS MUST	F	TRICARE STANDARD PROGRAM
	D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD CHAMPUS PROGRAM
	E	MANAGED CARE SUPPORT - TRICARE-TIDEWATER PRIME
	G	MANAGED CARE SUPPORT - TRICARE-TIDEWATER EXTRA
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
	AA	CONTINUED HEALTH CARE BENEFIT PROGRAM EXTRA
	H	MANAGED CARE SUPPORT - HOMESTEAD. ENROLLED PATIENT
	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD CHAMPUS PROGRAM
	R	TRICARE EXTRA - NORTH CAROLINA

IF SOURCE OF HEALTH CARE DATA IS ORLEANS DEMONSTRATION

ENROLLMENT STATUS MUST	O	NEW ORLEANS PRIME
	P	NEW ORLEANS NOT ENROLLED. NOT STANDARD CHAMPUS
	Q	NEW ORLEANS COORDINATE CARE STANDARD CHAMPUS PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
	AA	CONTINUED HEALTH CARE BENEFIT PROGRAM EXTRA

IF SOURCE OF HEALTH CARE DATA IS MANAGED CARE SUPPORT

ENROLLMENT STATUS MUST	K	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII. ENROLLED PATIENT
BE =	L	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII. NON-ENROLLED PATIENT. NETWORK PROVIDER
	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD CHAMPUS PROGRAM
	O	NEW ORLEANS PRIME
	P	NEW ORLEANS NOT ENROLLED. NOT STANDARD CHAMPUS
	Q	NEW ORLEANS COORDINATED CARE STANDARD CHAMPUS PROGRAM
	R	TRICARE EXTRA - NORTH CAROLINA
	T	MANAGED CARE SUPPORT - STANDARD CHAMPUS PROGRAM
	U	MANAGED CARE SUPPORT - PRIME. CIVILIAN PCM
	V	MANAGED CARE SUPPORT - EXTRA
	W	ACTIVE DUTY USA
	X	ACTIVE DUTY EUROPE
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD

Institutional Edit Requirements

Element Name:		Enrollment Status (1-105) (Continued)	
		Z	MANAGED CARE SUPPORT PRIME, MTF/PCM
		AA	CONTINUED HEALTH CARE BENEFIT PROGRAM EXTRA
		BB	MEDICARE SUBVENTION/TRICARE-SENIOR PRIME
1-105-04R	IF PROVIDER CONTRACT AFFILIATION CODE = 1 (CONTRACTED)		
	ENROLLMENT STATUS MUST NOT	S	STANDARD CHAMPUS PROGRAMS
	IF PROVIDER CONTRACT AFFILIATION CODE = 2 (NOT CONTRACTED)		
	ENROLLMENT STATUS MUST NOT	N	NON-PRIME
1-105-05R	IF ENROLLMENT STATUS =	W	(GSU ACTIVE DUTY - USA)
		X	(ACTIVE DUTY - EUROPE)
	AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = AD (ACTIVE DUTY)		
1-105-06R	IF ENROLLMENT STATUS =	BB	MEDICARE SUBVENTION/TRICARE-SENIOR PRIME
	AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	MS	MEDICARE SUBVENTION/TRICARE-SENIOR PRIME (NETWORK)
		MN	MEDICARE SUBVENTION/TRICARE-SENIOR PRIME (NON-NETWORK)

Institutional Edit Requirements

Chapter 5

Element Name: NAS Number (1-110)

Validity Edits

- 1-110-01** IF NAS NUMBER IS CODED
- POSITIONS 2 - 4 (DMIS FACILITY #). MUST BE VALID (USER SUPPLIED: USE MTF NUMBERS). POSITION 1 MUST BE ZERO.
- POSITIONS 5 - 8 (JULIAN DATE; FORMAT: YDDD). Y MUST BE 0 - 9. DDD MUST BE 001 - 366.
- POSITIONS 9 - 11 (SEQUENCE #). MUST BE NUMERIC AND NOT ZERO.
- OR**
- POSITIONS 1-2 MUST BE '46' **OR** '47' AND POSITIONS 3-11 MUST BE ZEROS. AND EITHER DATE OF ADMISSION < 11/1/92 **OR** FILING STATE/COUNTRY CODE ≠ NUMERIC **OR** 'PR'.
- IF NAS NUMBER IS NOT CODED. MUST BE BLANK-FILLED.

Relational Edits

Related to Element	Edited Element Relationship	Also Relates to Element(s)
PATIENT ZIP CODE	SEE BELOW	ADMISSION DATE
NAS EXCEPTION REASON	SEE BELOW	PATIENT ZIP CODE. SPONSOR BRANCH OF SERVICE. DENIAL REASON CODE. ADMISSION DATE. PROGRAM INDICATOR
SPECIAL PROCESSING FLAG	SEE BELOW	

Edited Element Relationship

- NO ERROR** IF SPECIAL PROCESSING CODE = MS MEDICARE SUBVENTION/TRICARE-SENIOR PRIME (NETWORK)
- MN MEDICARE SUBVENTION/TRICARE-SENIOR PRIME (NON-NETWORK)
- NO NAS IS REQUIRED -- BYPASS ALL NAS NUMBER EDITING.
- 1-110-02R** IF PATIENT ZIP CODE IS NOT IN A CATCHMENT AREA (CATCHMENT AREA DETERMINATION IS BASED ON ADMISSION DATE)
- NAS NUMBER MUST = BLANK
- UNLESS SPECIAL PROCESSING CODE = 'ST'
- 1-110-03R** IF NAS EXCEPTION REASON IS NOT BLANK
- NAS NUMBER MUST = BLANK
- 1-110-04R** IF BEGINNING DATE OF CARE ≤ 9/23/96
- AND
- | | | |
|-------------------|---|--|
| ENROLLMENT STATUS | E | MANAGED CARE SUPPORT TRICARE TIDEWATER PRIME |
| | H | MANAGED CARE SUPPORT HOMESTEAD ENROLLED PATIENT |
| | K | MANAGED CARE SUPPORT CALIFORNIA/HAWAII. TRICARE PRIME ENROLLED PATIENT |
| | O | NEW ORLEANS PRIME |
| | U | MANAGED CARE SUPPORT PRIME. CIVILIAN PCM |
| | Z | MANAGED CARE SUPPORT PRIME. MTF/PCM |

EXIT.

Institutional Edit Requirements

Element Name: NAS Number (1-110) (Continued)

IF NAS EXCEPTION REASON = BLANK AND PATIENT ZIP CODE IS IN A CATCHMENT AREA
(CATCHMENT AREA DETERMINATION IS BASED ON ADMISSION DATE)

NAS NUMBER MUST BE CODED, UNLESS

SPONSOR BRANCH OF

SERVICE

C

CHAMPVA

HEALTH CARE PLAN CODE

11

MCS - FORT BRAGG DEMO

ANY OCCURRENCE OF

DENIAL REASON CODE

9

NAS NOT PROVIDED

2

INELIGIBLE CLAIMANT

A

DEERS

N

MULTIPLE DENIAL REASONS

SPECIAL PROCESSING CODE

ST

SPECIALIZED TREATMENT

ANY OCCURRENCE OF

OVERRIDE CODE

C

GOOD FAITH PAYMENT

PROGRAM INDICATOR

H

PROGRAM FOR PERSONS WITH DISABILITIES OR

SPONSOR STATUS

T

NATO

IN WHICH CASE NAS NUMBER MUST BE BLANK.

1-110-05R

IF SPECIAL PROCESSING CODE

I

BERGSTROM AFB CATCHMENT AREA

J

LUKE/WILLIAMS AFB CATCHMENT AREA

NAS NUMBER MUST NOT = 46000000000.

1-110-06R

IF BEGINNING DATE OF CARE ≥ 9/23/96

AND

ENROLLMENT STATUS

E

MANAGED CARE SUPPORT TRICARE TIDEWATER
PRIME

H

MANAGED CARE SUPPORT HOMESTEAD
ENROLLED PATIENT

K

MANAGED CARE SUPPORT CALIFORNIA/HAWAII.
TRICARE PRIME ENROLLED PATIENT

O

NEW ORLEANS PRIME

U

MANAGED CARE SUPPORT PRIME. CIVILIAN PCM

Z

MANAGED CARE SUPPORT PRIME. MTF/PCM

EXIT.

IF NAS EXCEPTION REASON = BLANK AND

((DRG = 104, 105, 106, 107, 108, OR 112 AND

PATIENT ZIP CODE IS IN EISENHOWER ARMY MEDICAL CENTER (042) 200 MILE AREA AND

BEGIN DATE OF CARE ≥ MARCH 1, 1997) OR

(DRG = 370, 372, 383, 604, 607, 611, 612, 613, 617, 618, 622, 626, 636 AND

PATIENT ZIP CODE IS IN KEESLER MEDICAL CENTER 200 MILE AREA AND

BEGIN DATE OF CARE ≥ OCTOBER 1, 1997) OR

(DRG = 104, 105, 106, 107, 108, 110, 111, 112, 124, 125 AND

PATIENT ZIP CODE IS IN KEESLER MEDICAL CENTER 200 MILE AREA AND

BEGIN DATE OF CARE ≥ OCTOBER 1, 1997))

NAS NUMBER MUST BE CODED.

UNLESS

SPONSOR BRANCH OF SERVICE = C (CHAMPVA) OR

SPONSOR STATUS = T (FOREIGN MILITARY) OR

Institutional Edit Requirements**Element Name: NAS Number (1-110) (Continued)**

ANY OCCURRENCE OF	9	NONAVAILABILITY STATEMENT NOT PROVIDED
DENIAL REASON CODE	2	INELIGIBLE CLAIMANT
	A	DEERS
	N	MULTIPLE DENIAL REASONS

OR AMOUNT OF OTHER HEALTH INSURANCE PAID IS > 0

IN WHICH CASE NAS NUMBER MUST BE BLANK.

1-110-07R IF BEGINNING DATE OF CARE ≥ 9/23/96
AND

ENROLLMENT STATUS	E	MANAGED CARE SUPPORT TRICARE TIDEWATER PRIME
	H	MANAGED CARE SUPPORT HOMESTEAD ENROLLED PATIENT
	K	MANAGED CARE SUPPORT CALIFORNIA/HAWAII. TRICARE PRIME ENROLLED PATIENT
	O	NEW ORLEANS PRIME
	U	MANAGED CARE SUPPORT PRIME. CIVILIAN PCM
	Z	MANAGED CARE SUPPORT PRIME. MTF/PCM

EXIT.

IF NAS EXCEPTION REASON = BLANK AND

PATIENT ZIP CODE IS IN 48 CONTIGUOUS UNITED STATES AND DISTRICT OF COLUMBIA
AND

((DRG = 480 AND BEGIN DATE OF CARE ≥ MARCH 1, 1997) OR

(DRG = 481 AND BEGIN DATE OF CARE ≥ OCTOBER 1, 1997))

NAS NUMBER MUST BE CODED.

UNLESS

SPONSOR BRANCH OF SERVICE = C (CHAMPVA) OR

SPONSOR STATUS = T (FOREIGN MILITARY) OR

ANY OCCURRENCE OF	9	NONAVAILABILITY STATEMENT NOT PROVIDED
DENIAL REASON CODE	2	INELIGIBLE CLAIMANT
	A	DEERS
	N	MULTIPLE DENIAL REASONS

OR AMOUNT OF OTHER HEALTH INSURANCE PAID IS > 0

IN WHICH CASE NAS NUMBER MUST BE BLANK

1-110-08R IF BEGINNING DATE OF CARE ≥ 9/23/96
AND

ENROLLMENT STATUS	E	MANAGED CARE SUPPORT TRICARE TIDEWATER PRIME
	H	MANAGED CARE SUPPORT HOMESTEAD ENROLLED PATIENT
	K	MANAGED CARE SUPPORT CALIFORNIA/HAWAII. TRICARE PRIME ENROLLED PATIENT
	O	NEW ORLEANS PRIME
	U	MANAGED CARE SUPPORT PRIME. CIVILIAN PCM
	Z	MANAGED CARE SUPPORT PRIME. MTF/PCM

EXIT.

IF NAS EXCEPTION REASON = BLANK

Institutional Edit Requirements**Element Name: NAS Number (1-110) (Continued)**

AND DRG = 104, 105, 106, 107, 108, 110, OR 111

AND PATIENT ZIP CODE IS IN WALTER REED ARMY MEDICAL CENTER (WRAMC)

OR NATIONAL NAVAL MEDICAL CENTER (NNMC) 200 MILE AREA

AND BEGIN DATE OF CARE ≥ OCTOBER 1, 1997

NAS NUMBER MUST BE CODED

UNLESS

SPONSOR BRANCH OF SERVICE = C (CHAMPVA) OR

SPONSOR STATUS = T (FOREIGN MILITARY) OR

ANY OCCUREENCE OF
DENIAL

9 NONAVAILABILITY STATEMENT NOT PROVIDED

REASON CODE

2 INELIGIBLE CLAIMANT

A DEERS

N MULTIPLE DENIAL REASONS

OR AMOUNT OF OTHER HEALTH INSURANCE IN > 0

IN WHICH CASE NUMBER MUST BE BLANK.

Institutional Edit Requirements

Element Name: Patient Coinsurance (1-140) (Continued)

OVERRIDE CODE

SEE BELOW

 ENROLLMENT
STATUS, PROGRAM
INDICATOR, PATIENT
RELATIONSHIP,
SPONSOR STATUS,
TYPE OF
SUBMISSION, FILING
DATE, PATIENT DOB,
BEGIN DATE OF
CARE, PATIENT
COPAYMENT

OVERRIDE CODE

SEE BELOW

Edited Element Relationship

NO ERROR	IF SPECIAL PROCESSING CODE =	MS	MEDICARE SUBVENTION/TRICARE-SENIOR PRIME (NETWORK)
		MN	MEDICARE SUBVENTION/TRICARE-SENIOR PRIME (NON-NETWORK)
	BYPASS ALL COINSURANCE EDITING.		
1-140-02R	PATIENT COINSURANCE MUST BE ZERO WHEN :		
	TYPE OF SUBMISSION	D	COMPLETE CONTRACTOR DENIAL
1-140-03R	PATIENT COINSURANCE MUST BE ZERO WHEN :		
	TYPE OF SUBMISSION	C	COMPLETE CANCELLATION WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE
	UNLESS		
	THE CANCELLED HCSR REPORTS AMOUNT ALLOWED > ZERO. IN WHICH CASE PATIENT COINSURANCE MUST BE ≥ ZERO.		
1-140-05R	PATIENT COINSURANCE MUST BE ≤ AMOUNT ALLOWED WHEN :		
	PROGRAM INDICATOR	I	INSTITUTIONAL
	ENROLLMENT STATUS	D	MANAGED CARE SUPPORT - TRICARE - TIDEWATER STANDARD CHAMPUS PROGRAM
		F	TRICARE STANDARD PROGRAM
		J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD CHAMPUS PROGRAM
		M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD CHAMPUS PROGRAM
		Q	NEW ORLEANS STANDARD CHAMPUS
		S	CRI STANDARD CHAMPUS
		T	MANAGED CARE SUPPORT STANDARD CHAMPUS PROGRAM
		Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD

¹ REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914, 918, 96X, 97X, 98X AND 81X).

² IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.

³ See 1-140-16R and 1-145-16R.

⁴ See 1-145-15R.

⁵ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.

⁶ IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.

⁷ IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-28R.

Institutional Edit Requirements

Element Name: Patient Coinsurance (1-140) (Continued)

TYPE OF SUBMISSION	I	INITIAL SUBMISSION
	F	ADJUSTMENT NEW SUFFIX
	O	ZERO PAYMENT
	R	RESUBMISSION OF ERROR REJECT

OR

TYPE OF SUBMISSION	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE;

SPECIAL RATE CODE	D	DISCOUNT RATE AGREEMENT
	P	PER DIEM RATE AGREEMENT

NO OCCURRENCE OF OVERRIDE CODE	K	CATASTROPHIC LOSS
	L	NON-DRG REIMBURSEMENT USING DRG- RELATED COST-SHARE CALCULATION

NO OCCURRENCE OF SPECIAL PROCESSING CODES	F	ARMY CAM DEMONSTRATIONS
	G	
	K	GEORGIA/FLORIDA PPO
	R	MEDICARE/CHAMPUS DUAL ENTITLEMENT
	#	HOSPICE

- EDITS FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS. (OR FORMER SPOUSE). CHAMPUS-DRG RECORDS. (PATIENT NOT NEWBORN). SEE BELOW

1-145-09R

PATIENT COINSURANCE MUST EQUAL ZERO²

1-140-07R

UNLESS

25% OF AMOUNT BILLED MINUS TOTAL CHARGES BY REVENUE CODE FOR (DRG NON-REIMBURSABLE REVENUE CODES¹ AND DUPLICATE BILLING (1) DENIAL REASON CODE) IS LESS THAN [AUTHORIZED BED DAYS TIMES THE DRG/APPLICABLE DAILY RATE]

WHEN:

PROGRAM INDICATOR	I	INSTITUTIONAL
PATIENT DATE OF BIRTH ≠ BEGIN DATE OF CARE (NOT NEWBORN);		
ENROLLMENT STATUS	D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD CHAMPUS PROGRAM
	F	TRICARE STANDARD PROGRAM
	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD CHAMPUS PROGRAM
	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD CHAMPUS PROGRAM
	Q	NEW ORLEANS STANDARD CHAMPUS
	S	CRI STANDARD CHAMPUS

¹ REVENUE CODES FOR HOSPITAL-BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914, 918, 96X, 97X, 98X AND 81X).

² IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.

³ See 1-140-16R and 1-145-16R.

⁴ See 1-145-15R.

⁵ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.

⁶ IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.

⁷ IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-28R.

Institutional Edit Requirements

Chapter 5

Element Name: Patient Coinsurance (1-140) (Continued)

	T	MANAGED CARE SUPPORT - STANDARD CHAMPUS PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
SPECIAL RATE CODE	G	DRG LONG STAY
	H	DRG SHORT STAY
	I	DRG COST OUTLIER
	J	DRG NO OUTLIER
	M	DISCOUNTED DRG LONG STAY
	N	DISCOUNTED DRG SHORT STAY
	O	DISCOUNTED DRG COST OUTLIER
	Q	DISCOUNTED DRG NO OUTLIER
TYPE OF SUBMISSION	F	ADJUSTMENT NEW SUFFIX
	G	ADDITIONAL DRG INTERIM BILLING
	I	INITIAL SUBMISSION
	O	ZERO PAYMENT
	R	RESUBMISSION OF ERROR REJECT
<u>OR</u>		
TYPE OF SUBMISSION	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE;		
SPONSOR STATUS	F	FORMER MEMBER
	I	PERMANENTLY DISABLED
	O	TEMPORARILY DISABLED
	R	RETIRED
	K	DECEASED
	D	100% DISABLED
	W	TITLE III RETIREE
PATIENT RELATIONSHIP TO SPONSOR	T	FORMER SPOUSE
	H	
	R	
	Y	
NO OCCURRENCE OF OVERRIDE CODE	K	CATASTROPHIC LOSS
	L	NON-DRG REIMBURSEMENT USING DRG-RELATED COST-SHARE CALCULATION
	U	BENEFICIARY INDEMNIFICATION PAYMENT
NO OCCURRENCE OF SPECIAL PROCESSING CODES	F	ARMY CAM DEMONSTRATIONS
	G	

¹ REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914, 918, 96X, 97X, 98X AND 81X).

² IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.

³ See 1-140-16R and 1-145-16R.

⁴ See 1-145-15R.

⁵ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.

⁶ IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.

⁷ IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-28R.

Institutional Edit Requirements

Element Name: Patient Coinsurance (1-140) (Continued)

- K GEORGIA/FLORIDA PPO
- N CHAMPUS SELECT
- R MEDICARE/CHAMPUS DUAL ENTITLEMENT
- * VA MEDICAL CENTER CLAIM
- # HOSPICE

- EDITS FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS, CHAMPUS-DRG. PATIENT IS NEWBORN.

1-145-09R

PATIENT COINSURANCE MUST EQUAL ZERO²

1-140-08

UNLESS

25% OF AMOUNT BILLED MINUS TOTAL CHARGES BY REVENUE CODE FOR (DRG NON-REIMBURSABLE REVENUE CODES¹ AND DUPLICATE BILLING (1) DENIAL REASON CODE IS LESS THAN [(AUTHORIZED BED DAYS MINUS 3) TIMES THE DRG/APPLICABLE DAILY RATE]

WHEN:

- | | | |
|--|---|---|
| PROGRAM INDICATOR | I | INSTITUTIONAL |
| PATIENT DATE OF BIRTH = BEGIN DATE OF CARE (NEWBORN) | | |
| ENROLLMENT STATUS | S | CRI STANDARD CHAMPUS |
| | J | MANAGED CARE SUPPORT - HOMESTEAD STANDARD CHAMPUS PROGRAM |
| | M | MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD CHAMPUS PROGRAM |
| | T | MANAGED CARE SUPPORT - STANDARD CHAMPUS PROGRAM |
| | Q | NEW ORLEANS STANDARD CHAMPUS |
| | F | TRICARE STANDARD PROGRAM |
| | D | MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD CHAMPUS PROGRAM |
| | Y | CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD |
| SPECIAL RATE CODE | G | DRG LONG STAY |
| | H | DRG SHORT STAY |
| | I | DRG COST OUTLIER |
| | J | DRG NO OUTLIER |
| TYPE OF SUBMISSION | I | INITIAL SUBMISSION |
| | R | RESUBMISSION OF ERROR REJECT |
| | O | ZERO PAYMENT |
| | F | ADJUSTMENT NEW SUFFIX |
| | G | ADDITIONAL DRG INTERIM BILLING |

OR

- | | | |
|--------------------|---|------------|
| TYPE OF SUBMISSION | A | ADJUSTMENT |
|--------------------|---|------------|

¹ REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X AND 81X).

² IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.

³ See 1-140-16R and 1-145-16R.

⁴ See 1-145-15R.

⁵ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.

⁶ IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.

⁷ IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-28R.

Institutional Edit Requirements

Chapter 5

Element Name: Patient Coinsurance (1-140) (Continued)

C CANCELLATION WITH AMOUNT ALLOWED > ZERO

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRS STORED ON THE DATABASE;

SPONSOR STATUS

F FORMER MEMBER
I PERMANENTLY DISABLED
O TEMPORARILY DISABLED
R RETIRED
K DECEASED
D 100% DISABLED
W TITLE III RETIREE

NO OCCURRENCE OF
OVERRIDE CODE

K CATASTROPHIC LOSS
L NON-DRG REIMBURSEMENT USING DRG-
RELATED COST-SHARE CALCULATION
U BENEFICIARY INDEMNIFICATION PAYMENT

NO OCCURRENCE OF SPECIAL
PROCESSING CODE

F ARMY CAM DEMONSTRATIONS
G
K GEORGIA/FLORIDA PPO
N CHAMPUS SELECT
R MEDICARE/CHAMPUS DUAL ENTITLEMENT
* VA MEDICAL CENTER CLAIM
HOSPICE

IN WHICH CASE PATIENT COINSURANCE MUST EQUAL 25% (ALLOW 1* ROUNDING ERROR) OF AMOUNT BILLED MINUS TOTAL CHARGES BY REVENUE CODE FOR (DRG NON-REIMBURSABLE REVENUE CODES AND DUPLICATE BILLING (1) DENIAL REASON CODE).

1-145-09R

WHEN THE ABOVE CALCULATIONS RESULT IN EQUAL VALUES, PATIENT COINSURANCE MUST BE ZERO IF PATIENT COPAYMENT IS NOT ZERO. (USE 1-140-07R **OR** 1-140-08R IF CALCULATION RESULTS IN EQUAL VALUES, BUT VALUE SUBMITTED DOES NOT MATCH CALCULATION.)

NOTE:

PATIENT COINSURANCE = ZERO FOR FAMILY MEMBERS OF ACTIVE DUTY SPONSORS **OR** TAMP DESIGNEES, INSTITUTIONAL HCSRS. SEE PATIENT COPAYMENT, EDIT 1-145-13R.

- EDITS FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS. (**OR** FORMER SPOUSE), STATE-DRG AND NON-DRG RECORDS

1-140-10R

PATIENT COINSURANCE MUST BE 25% (ALLOW 1* ROUNDING ERROR) OF AMOUNT ALLOWED AND

1-140-11R

PATIENT COPAYMENT MUST BE ZERO **WHEN:**

PROGRAM INDICATOR I INSTITUTIONAL
SPONSOR STATUS F FORMER MEMBER

¹ REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X AND 81X).

² IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.

³ See 1-140-16R and 1-145-16R.

⁴ See 1-145-15R.

⁵ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.

⁶ IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.

⁷ IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-28R.

Chapter 5

Institutional Edit Requirements

Element Name: Patient Coinsurance (1-140) (Continued)

ENROLLMENT STATUS	I	PERMANENTLY DISABLED
	O	TEMPORARILY DISABLED
	R	RETIRED
	K	DECEASED
	D	100% DISABLED
	W	TITLE III RETIREE
	S	CRI STANDARD CHAMPUS
	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD CHAMPUS PROGRAM
	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD CHAMPUS PROGRAM
	T	MANAGED CARE SUPPORT - STANDARD CHAMPUS PROGRAM
	Q	NEW ORLEANS STANDARD CHAMPUS
	F	TRICARE STANDARD PROGRAM
	D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD CHAMPUS PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
SPECIAL RATE CODE	Ø	NO SPECIAL RATE
	A	DRG 4% DISCOUNT
	B	DRG 3% DISCOUNT
	C	DRG 2% DISCOUNT
	E	DRG 1% DISCOUNT (E)
	F	DRG NO DISCOUNT
	P	PER DIEM RATE
PATIENT RELATIONSHIP TO SPONSOR	T	FORMER SPOUSE
	H	
	R	
	Y	
TYPE OF SUBMISSION	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX
	G	ADDITIONAL DRG INTERIM BILLING
OR		
TYPE OF SUBMISSION	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO

¹ REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X AND 81X).

² IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.

³ See 1-140-16R and 1-145-16R.

⁴ See 1-145-15R.

⁵ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.

⁶ IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.

⁷ IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-28R.

Institutional Edit Requirements

Chapter 5

Element Name: Patient Coinsurance (1-140) (Continued)

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE:

NO OCCURRENCE OF OVERRIDE CODE	K	CATASTROPHIC LOSS
	L	NON-DRG REIMBURSEMENT USING DRG-RELATED COST-SHARE CALCULATION
	U	BENEFICIARY INDEMNIFICATION PAYMENT
NO OCCURRENCE OF SPECIAL PROCESSING CODE	F	ARMY CAM DEMONSTRATIONS
	G	
	K	GEORGIA/FLORIDA PPO
	N	CHAMPUS SELECT
	R	MEDICARE/CHAMPUS DUAL ENTITLEMENT
	*	VA MEDICAL CENTER CLAIM
	#	HOSPICE

1-140-14R PATIENT COST SHARE³ MUST BE THE LESSOR OF:

- a.) 25% (ALLOW 1¢ ROUNDING ERROR) OF AMOUNT ALLOWED. OR THE LESSOR OF:
 b.) 25% (ALLOW 1¢ ROUNDING ERROR) OF AMOUNT BILLED MINUS TOTAL CHARGES BY REVENUE CODE FOR (DRG NON-REIMBURSABLE CODES¹ AND DUPLICATE BILLING (1) DENIAL REASON CODE)

OR

- c.) AUTHORIZED BED DAYS⁴ TIMES THE DRG/APPLICABLE DAILY RATE

1-145-14R WHEN:

ANY OCCURRENCE OF OVERRIDE CODE	L	NON-DRG REIMBURSEMENT USING DRG-RELATED COST-SHARE CALCULATION
PROGRAM INDICATOR	I	INSTITUTIONAL
ENROLLMENT STATUS	S	CRI STANDARD CHAMPUS
	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD CHAMPUS PROGRAM
	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD CHAMPUS PROGRAM
	T	MANAGED CARE SUPPORT - STANDARD CHAMPUS PROGRAM
	Q	NEW ORLEANS STANDARD CHAMPUS
	F	TRICARE STANDARD PROGRAM
	D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD CHAMPUS PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
NO OCCURRENCE OF SPECIAL PROCESSING CODE	#	HOSPICE
TYPE OF SUBMISSION	I	INITIAL SUBMISSION

¹ REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914-918, 96X, 97X, 98X AND 81X)

² IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.

³ See 1-140-16R and 1-145-16R.

⁴ See 1-145-15R.

⁵ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.

⁶ IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.

⁷ IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-28R.

Chapter 5

Institutional Edit Requirements

Element Name: Patient Coinsurance (1-140) (Continued)

R RESUBMISSION OF ERROR REJECT
O ZERO PAYMENT
F ADJUSTMENT NEW SUFFIX
G ADDITIONAL DRG INTERIM BILLING

OR

TYPE OF SUBMISSION

A ADJUSTMENT
C CANCELLATION WITH AMOUNT ALLOWED > ZERO

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR_s STORED ON THE DATABASE;

SPONSOR STATUS

F FORMER MEMBER
I PERMANENTLY DISABLED
O TEMPORARILY DISABLED
R RETIRED
K DECEASED
D 100% DISABLED
W TITLE III RETIREE
T FORMER SPOUSE
H
R
Y

PATIENT RELATIONSHIP TO SPONSOR

- 1-140-16R** COST-SHARE MUST BE IN COINSURANCE BUCKET IF CALCULATION RESULTS IN a.) OR b.) ABOVE. IN WHICH CASE COPAYMENT MUST BE ZERO
- 1-145-16R** COST-SHARE MUST BE IN COPAYMENT BUCKET IF CALCULATION RESULTS IN c.) ABOVE. IN WHICH CASE COINSURANCE MUST BE ZERO.
- 1-145-15R** IF PATIENT DATE OF BIRTH = BEGIN DATE OF CARE (NEWBORN). USE (AUTHORIZED BED DAYS MINUS THREE) TIMES THE DRG DAILY RATE TO CALCULATE. DON'T DO IF BASED ON PATIENT RELATIONSHIP = FORMER SPOUSE. IF (AUTHORIZED BED DAYS MINUS THREE) IS NEGATIVE. CALCULATE USING 0 DAYS.
- EDIT FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS. (OR FORMER SPOUSE), REGION-SPECIFIC PSYCHIATRIC PER DIEM RECORDS
- 1-140-18R** PATIENT COINSURANCE MUST EQUAL ZERO⁵ UNLESS
- 1-140-17R** 25% OF AMOUNT BILLED MINUS TOTAL CHARGES BY REVENUE CODE FOR (DRG NON REIMBURSABLE REVENUE CODES¹ AND DUPLICATE BILLING (1) (DENIAL REASON CODE) IS LESS THAN [AUTHORIZED BED DAYS TIMES THE PSYCH PER DIEM COST-SHARE DAILY RATE] WHEN

PROGRAM INDICATOR
ENROLLMENT STATUS

I INSTITUTIONAL
S CRI STANDARD CHAMPUS
D MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD CHAMPUS PROGRAM

¹ REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914, 918, 96X, 97X, 98X AND 81X).

² IF PATIENT COINSURANCE = ZERO. SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.

³ See 1-140-16R and 1-145-16R.

⁴ See 1-145-15R.

⁵ IF PATIENT COINSURANCE = ZERO. SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.

⁶ IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.

⁷ IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-28R.

Institutional Edit Requirements

Chapter 5

Element Name: Patient Coinsurance (1-140) (Continued)

	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD CHAMPUS PROGRAM
	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD CHAMPUS PROGRAM
	T	MANAGED CARE SUPPORT STANDARD CHAMPUS PROGRAM
	Q	NEW ORLEANS STANDARD CHAMPUS
	F	TRICARE STANDARD PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
SPECIAL RATE CODE	L	REGION SPECIFIC PSYCH PER DIEM
TYPE OF SUBMISSION	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX
<u>OR</u>		
TYPE OF SUBMISSION	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRS STORED ON THE DATABASE;		
SPONSOR STATUS	F	FORMER MEMBER
	I	PERMANENTLY DISABLED
	O	TEMPORARILY DISABLED
	R	RETIRED
	K	DECEASED
	D	100% DISABLED
	W	TITLE III RETIREE
PATIENT RELATIONSHIP TO SPONSOR	T	UNREMARIED FORMER SPOUSE
	H	
	R	
	Y	
NO OCCURRENCE OF OVERRIDE CODE	K	CATASTROPHIC LOSS
	L	NON-DRG REIMBURSEMENT USING DRG- RELATED COST-SHARE CALCULATION
	N	RETROSPECTIVE PAYMENT-INPATIENT MENTAL HEALTH
	T	MHPD RECALCULATION OF RATES. NO COST-SHARE APPLIED
	U	BENEFICIARY INDEMNIFICATION PAYMENT

¹ REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN
ACQUISITION COSTS (REVENUE CODES 901, 914-918, 96X, 97X, 98X AND 81X).

² IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.

³ See 1-140-16R and 1-145-16R.

⁴ See 1-145-15R.

⁵ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.

⁶ IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.

⁷ IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-28R.

Chapter 5

Institutional Edit Requirements

Element Name: Patient Coinsurance (1-140) (Continued)

IN WHICH CASE PATIENT COINSURANCE MUST EQUAL 25% (ALLOW \$.01 ROUNDING ERROR) OF AMOUNT BILLED MINUS TOTAL CHARGES BY REVENUE CODE FOR DUPLICATE BILLING (1) DENIAL REASON CODE.

1-140-18R WHEN THE ABOVE CALCULATIONS RESULT IN EQUAL VALUES, PATIENT COINSURANCE MUST EQUAL ZERO IF PATIENT COPAYMENT IS NOT ZERO.

- EDIT FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS. (OR FORMER SPOUSE), HOSPITAL-SPECIFIC PSYCHIATRIC PER DIEM RECORDS.

1-140-19R PATIENT COINSURANCE MUST BE 25% (ALLOW \$.01 ROUNDING ERROR) OF AMOUNT ALLOWED AND

1-145-19R PATIENT COPAYMENT MUST BE ZERO WHEN:

PROGRAM INDICATOR	I	INSTITUTIONAL
SPONSOR STATUS	F	FORMER MEMBER
	I	PERMANENTLY DISABLED
	O	TEMPORARILY DISABLED
	R	RETIRED
	K	DECEASED
	D	100% DISABLED
	W	TITLE III RETIREE
PATIENT RELATIONSHIP TO SPONSOR	T	FORMER SPOUSE
	H	
	R	
	Y	
ENROLLMENT STATUS	S	CRI STANDARD CHAMPUS
	D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD CHAMPUS PROGRAM
	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD CHAMPUS PROGRAM
	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD CHAMPUS PROGRAM
	T	MANAGED CARE SUPPORT - STANDARD CHAMPUS PROGRAM
	Q	NEW ORLEANS STANDARD CHAMPUS
	F	TRICARE STANDARD PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
SPECIAL RATE CODE	K	HOSPITAL-SPECIFIC PSYCHIATRIC PER DIEM
TYPE OF SUBMISSION	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT

¹ REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X AND 91X).

² IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.

³ See 1-140-16R and 1-145-16R.

⁴ See 1-145-15R.

⁵ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.

⁶ IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.

⁷ IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-28R.